

CLINICAL PRIVILEGES – ANESTHESIOLOGIST

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

CODES: 1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES – ANESTHESIOLOGIST

Requested	Verified		Requested	Verified	
		A. ADMINISTER GENERAL ANESTHESIA USING INHALATIONAL AND INTRAVENOUS TECHNIQUES <i>(Residency in anesthesiology, with evidence of current ongoing practice experience)</i>			D. SPECIALTY SURGICAL CATEGORIES (continued)
					8. Anesthesia for radiological studies/special procedures <i>(cardiac catheterization, angiography, magnetic resonance imaging)</i>
		B. REGIONAL ANESTHESIA <i>(must provide evidence of proficiency through training and/or current clinical experience)</i>			E. SPECIAL TECHNIQUES <i>(must provide evidence of proficiency through training and/or current clinical experience)</i>
		1. Spinal			1. Deliberate hypotension
		2. Epidural			2. Fiberoptic bronchoscopy for endotracheal intubation
		a. Lumbar			3. Double lumen tube placement and one lung ventilation
		b. Caudal			
		c. Thoracic			F. ADDITIONAL PRIVILEGES FOR PROVIDERS COMPLETING RESIDENCY AND/OR FELLOWSHIP IN ANESTHESIOLOGY
		3. Axillary block			1. Monitoring <i>(must provide evidence of proficiency through training and/or current clinical experience)</i>
		4. Other brachial plexus block			a. Intraoperative transesophageal echocardiography
		5. Lower extremity nerve block			b. Evoked potential/neurophysiologic monitoring
		6. Intravenous regional block			c. Pulmonary artery catheter insertion and interpretation
		7. Continuous catheter techniques <i>(other than epidural or spinal)</i> for anesthesia and pain relief			2. Critical Care
		C. INVASIVE MONITORING <i>(must provide evidence of proficiency through training and/or current clinical experience)</i>			a. Anesthesia for liver transplant
		1. Arterial pressure monitoring			b. Respiratory therapy
		2. Cannulation of central venous system			c. Management of ventilator-dependent patients in the critical care setting
		D. SPECIALTY SURGICAL CATEGORIES <i>(must provide evidence of proficiency through training and/or current clinical experience)</i>			d. Management of critically ill patients in consultant role
		1. Cardiac to include management of cardiopulmonary bypass (CPB)			e. Management of critically ill patients as primary provider <i>(refer to specific critical care privilege list)</i>
		2. Non-cardiac thoracic			3. Pain Management <i>(must provide evidence of proficiency through training and/or current clinical experience)</i>
		3. Major vascular			a. Diagnose and manage acute and chronic pain patients
		4. Neurosurgical			
		5. Obstetric			
		6. Organ transplant <i>(other than liver)</i>			
		7. Pediatric			
		a. Age > 2 years			
		b. Age 1 month to 2 years			
		c. Age birth to 1 month <i>(term neonates)</i>			
		d. Premature infants <i>(age < 38 weeks conceptual age)</i>			

I. LIST OF CLINICAL PRIVILEGES – ANESTHESIOLOGIST <i>(Continued)</i>					
Requested	Verified		Requested	Verified	
		3. Pain Management (continued)			3. Pain Management (continued)
		b. Admitting privileges for pain management patients			k. Trial of intrathecal analgesic/antispasmodic
		c. Cervical epidural injection for pain control			l. Implantation of permanent intrathecal catheter and infusion pump
		d. Implantation and subcutaneous tunneling of Intrathecal/epidural catheter			m. Thermal zygapophyseal joint denervation
		e. Chemical/thermal neurolysis of sympathetic nerves			n. Intervertebral disc injection
		f. Chemical/thermal neurolysis of peripheral nerves			o. Intradiscal electrothermal therapy (IDET)
		g. Chemical/thermal neurolysis of cranial nerves			p. Percutaneous vertebroplasty
		h. Chemical/thermal neurolysis via epidural or subarachnoid approach			G. OTHER <i>(Specify)</i>
		i. Percutaneous trial of spinal cord stimulation			1.
		j. Implantation of epidural stimulation lead and pulse generator/receiver			2.
					3.
					4.
					5.
SIGNATURE OF APPLICANT					DATE
II. CLINICAL SUPERVISOR'S RECOMMENDATION					
<div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <i>(Specify below)</i> </div> <div> <input type="checkbox"/> RECOMMEND DISAPPROVAL <i>(Specify below)</i> </div>					
SIGNATURE OF CLINICAL SUPERVISOR <i>(Include typed, printed, or stamped signature block)</i>					DATE